

CLAIMS ONLY							Application Number 101816389	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51	
2							52	
3	I						53	
4							54	
5	I						55	
6		I					56	
7		I					57	
8		I					58	
9		I					59	
10		I					60	
11	I						61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20	I						70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	I						Total Indep	
Total Depend	7						Total Depend	
Total Claims	8						Total Claims	